

Exhibit G
Affidavit of Geneva County Jail
Administrator Carl Rowe

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
SOUTHERN DIVISION

KEVIN NEIL HARTMAN,)
Plaintiff,)
v.) Civil Action No. 1:05-cv-645-F
GENEVA COUNTY JAIL, et al.,)
Defendants.)

AFFIDAVIT OF CARL ROWE

STATE OF ALABAMA)
COUNTY OF GENEVA)

BEFORE ME, the undersigned authority and Notary Public in and for said County and State at large, personally appeared Carl Rowe, who being known to me and being by me first duly sworn on oath deposes and says as follows:

1. My name is Carl Rowe. I am over the age of nineteen and competent to make this affidavit.
2. I am the Jail Administrator for the Geneva County Jail.
3. I am familiar with the Plaintiff due to his being incarcerated in the Geneva County Jail. I have no personal knowledge of any of the specific allegations that form the basis of Plaintiff's Complaint.
4. The Geneva County Sheriff's Department operates the Geneva County Jail pursuant to sound policies and procedures which ensure that the rights of all inmates incarcerated therein are respected. Members of the jail staff are trained both in house and at certified training

programs and academies regarding all aspects of their jobs, including the administration of medical care to inmates.

5. It is the policy of the Geneva County Sheriff's Department that all inmates confined in the Geneva County Jail be entitled to a level of health care comparable to that available to the citizens in the surrounding community in order that the inmates' physical and emotional well-being may be maintained. All medical care rendered to inmates in the Geneva County Jail is delivered under the direction of a licensed health care practitioner. It is departmental policy that no member of the jail staff, or any other Sheriff's Department employee, may ever summarily or arbitrarily deny an inmate's reasonable request for medical services. All judgments regarding the necessity of medical treatment are left to a licensed health care practitioner.

6. It is the policy of the Geneva County Sheriff's Department that all inmates incarcerated in the Geneva County Jail be allowed to request health care services at any time. Requests of an emergency nature may be made either verbally or in writing, but all requests for non-emergency care from state or county inmates must be submitted in writing. Members of the jail staff are charged with the responsibility of accepting requests for medical treatment from inmates and taking appropriate action to see that those requests are dealt with in a prompt and appropriate manner. Inmates with non-emergency medical problems are taken to see Dr. O.D. Mitchum in Geneva, Alabama. Inmates who have an emergency medical problem are taken to the Emergency Room for treatment.

7. When a member of the jail staff receives a request for medical treatment from an inmate, it is his or her responsibility to turn that request form over to the responsibility of the on duty jailer or matron. It is then the on duty jailer or matron's responsibility to make an

appointment for the inmate with an appropriate health care provider. Any doubt as to whether an actual need exists for medical treatment is resolved in favor of the inmate, with medical services being offered. All requests of an emergency nature are handled immediately.

8. It is the policy of the Geneva County Sheriff's Department that persons incarcerated in the Geneva County Jail be entitled to safe and accurate dispensation and administration of prescription and nonprescription medication. All medication prescribed for an inmate by a health care provider during the time of an inmate's incarceration is obtained by the Sheriff's Department and distributed according to the doctor's directions.

9. The Jailers at the Geneva County Jail have access to over-the-counter medication such as Tylenol, Ibuprofen, and Pepto-Bismol obtained from Geilstrap Drugs to distribute as needed to inmates.

10. I have had the opportunity to observe the Plaintiff throughout his incarceration at the Geneva County Jail.

11. On June 28, 2005, Plaintiff complained that his head hurt. Therefore, Marilyn Ruppel gave him Tylenol or Ibuprofen.

12. The next day, the Plaintiff complained that his stomach hurt. Therefore, Donald Weeks gave the Plaintiff Pepto-Bismol. The Plaintiff did not complain that he was sick any more after that day.

13. During this time period Plaintiff was undergoing withdrawals from methamphetamine.

14. If the Plaintiff had been in need of medical care or treatment, he would have received treatment in accordance with the policies and procedures of the Geneva County Jail.

15. Plaintiff has not filed a grievance in regards to the allegations made the basis of his Complaint.

16. I certify and state that the documents from Plaintiff's Inmate File provided to the Court which are attached to the Defendants' Special Report are true and correct copies of these records, kept at the Geneva County Jail in the regular course of business. I am the Custodian of these Records.

17. I swear, to the best of my present knowledge and information, that the above statements are true, that I am competent to make this affidavit, and that the above statements are made by drawing from my personal knowledge of the situation.



CARL ROWE

SWORN TO and SUBSCRIBED before me this 11 day of October, 2005.



NOTARY PUBLIC
My Commission Expires: Sept 26 2008

Exhibit H
Inmate File, Inmate Request Form dated
July 3, 2005

**GENEVA COUNTY JAIL
INMATE REQUEST FORM**

NAME John Doe CELL (555) 123-4567 DATE 1/1/2023
TELEPHONE CALL MEDICAL ✓ DENTAL HEARING REQUEST
GRIEVANCE VISIT PERSONAL PROBLEM OTHER
SHERIFF JAIL ADMINISTRATOR ✓ JUDGE NOTARY

BRIEFLY OUTLINE YOUR REQUEST AND GIVE TO THE JAILER/MATRON.
I had a very bad headache this morning and I have received no medication since the last time I was seen. I would like to see the doctor authorized by my request. I also still need to see the doctor about medication that made me sick. I request that you keep a copy of my request forms on file. I am a registered voter.
DO NOT WRITE BELOW!!

FOR SHERIFF'S DEPARTMENT USE ONLY

ALL REQUESTS WILL BE ROUTED THROUGH JAILER/MATRON

JAILER MARTON JAIL ADMINISTRATOR SHERIFF
JAILER _____ DATE _____ TIME _____
SIGNATURE _____

TO BE PLACED IN INMATE'S FILE

Exhibit I
Inmate File, Inmate Request Form dated
July 4, 2005

GENEVA COUNTY JAIL
INMATE REQUEST FORM

NAME Karen Hartman CELL 215 DATE 7/1/02

TELEPHONE CALL MEDICAL DENTAL HEARING REQUEST

GRIEVANCE VISIT PERSONAL PROBLEM OTHER

SHERIFF JAIL ADMINSTRATOR JUDGE NOTARY

BRIEFLY OUTLINE YOUR REQUEST AND GIVE TO THE JAILER/MATRON.
I took something too bad and that made
me sick I need to see doctor. Also want
written copy of all money that I've received
while here. Please get keys at General
Tel. Please send this and all my money
forms as fast as possible.

DO NOT WRITE BELOW

FOR SHERIFF'S DEPARTMENT USE ONLY

ALL REQUESTS WILL BE ROUTED THROUGH JAILER/MATRON

JAILER _____ MARTON _____ JAIL ADMINISTRATOR _____ SHERIFF _____

JAILER _____ DATE _____ TIME _____
SIGNATURE

TO BE PLACED IN INMATE'S FILE

Exhibit J
Inmate File, Inmate Request Form dated
July 13, 2005

S/M

GENEVA COUNTY JAIL
INMATE REQUEST FORM

NAME Kevin Hartman CELL 2k DATE 7/17/05
 TELEPHONE CALL MEDICAL DENTAL HEARING REQUEST
 GRIEVANCE VISIT PERSONAL PROBLEM OTHER
 SHERIFF JAIL ADMINISTRATOR JUDGE NOTARY

BRIEFLY, OUTLINE YOUR REQUEST AND GIVE TO THE JAILER/MATRON.

Please let me see someone from Spec to see
I had an appointment to see head doctor from
Indochina City. This has been 2 weeks now.

DO NOT WRITE BELOW!!

FOR SHERIFF'S DEPARTMENT USE ONLY

ALL REQUESTS WILL BE ROUTED THROUGH JAILER/MATRON

JAILER Marton MARTON JAIL ADMINISTRATOR SHERIFF
 JAILER John Palmer SIGNATURE DATE 7/14/05 TIME 10:00 ~
11:00

Cailed 7-14-05 10:47 AM in Genoa
and called Nathan 673-0743. Not in 308
No apt miss - T.Woolsey spent Appt 16
Call Nathan -

684-9615

Exhibit K

**Remainder of Plaintiff's Inmate File and
Inmate Medical File not previously identified
as separate exhibits**

GENEVA COUNTY JAIL

BOOKING SHEET

Date 8-15-02 Time 9:15
 Name HARTMAN (LAST) (FIRST) (MIDDLE)

Alias _____

Date of Arrest 9-15-02 Social Security No. _____
 Race W Sex M Age 30 Eyes Haz Photo Not Taken
 Ht. 5'11 Wt. 170 DOB 1-31-72
 Address River Rd - Sime (STREET) (APT.) (CITY) (STAT) (ZIP)

Telephone _____ I.D. No. _____

NCIC Check _____ Relationship _____

Next of Kin _____ Relationship _____

Address _____

<u>Zed A. Hartman</u> (STREET)	<u>Apt 3</u> (APT)	<u>(CITY)</u> (CITY)	<u>(STAT)</u> (STAT)	<u>(ZIP)</u> (ZIP)
Charge _____	Bond _____	Charge _____	Bond _____	_____
Charge _____	Bond _____	Charge _____	Bond _____	_____
Charge _____	Bond _____	Charge _____	Bond _____	_____

ARRESTING OFFICER Mock, Bradley (Please Print)

Signature _____

AGENCY _____

BOOKING OFFICER Reithmire (Please Print)

RELEASE INFORMATION

I have received all properties taken from me by the Geneva County Sheriff's Department.

John J. Hartman
 Signature of Person Released

Date of Release _____ Time _____ Type of Release _____

John J. Hartman
 Signature of Releasing Officer

P.O.E.

OCCUPATION

P.O.B.

HOLD

**BOOKING SHEET
PAGE 2**

Inmate Name _____ Date _____ Time _____

BOOKING OFFICER'S VISUAL OBSERVATIONS

1. Is the inmate conscious? yes no
 2. Does the new inmate have obvious pain, trauma, bleeding or other symptoms suggesting need for medication attention? yes no
 3. Is there obvious fever, swollen lymph nodes, jaundice, or other evidence of infection? yes no
 4. Is the skin in poor condition or showing signs of vermin? yes no
 5. Does the inmate appear to be under the influence of alcohol or drugs? yes no
 6. Are there any visible signs of alcohol or drug withdrawal such as extreme sweating, shaking, nausea, pinpoint pupils, or cramping? yes no
 7. Does the inmate's behavior suggest the risk of assault to staff or other inmates? yes no
 8. Does the inmate have medication with him? yes no
 9. Are there any obvious physical handicaps or signs of mental retardation? yes no
 10. Does the inmate appear to be depressed or despondent? yes no
 11. Does the inmate have obvious scars from previous suicide attempt(s)? yes no

IF ANY QUESTION ABOVE WAS ANSWERED "YES," SPECIFY SYMPTOMS OR OBSERVATIONS BELOW.

QUESTION #	SYMPTOM OR OBSERVATION

**BOOKING SHEET
PAGE 4**

Inmate Name _____ Date _____ Time _____

HEALTH SCREENING FORM

1. Have you ever had or been treated for: (mark box if answer is yes)

- | | |
|---|---|
| <input type="checkbox"/> a. Asthma | <input type="checkbox"/> g. Alcoholism |
| <input type="checkbox"/> b. Heart Trouble | <input type="checkbox"/> h. Mental Illness |
| <input type="checkbox"/> c. Hypertension | <input type="checkbox"/> i. Venereal Disease |
| <input type="checkbox"/> d. Diabetes | <input type="checkbox"/> j. Tuberculosis |
| <input type="checkbox"/> e. Epilepsy or Seizure | <input type="checkbox"/> k. Ulcer |
| <input type="checkbox"/> f. Drug Addiction | <input type="checkbox"/> l. Faintly of recent head injury |
| | <input type="checkbox"/> m. Hepatitis |

If any response was yes, please explain and give date of last treatment _____

_____2. Are you allergic to anything? _____ If yes, what? _____

_____3. Have you ever been determined to be HIV positive? _____ If yes, when? _____

_____4. Are you currently taking any prescription medication? _____ If yes, what? _____

For what? _____

_____5. Does the inmate require a special diet prescribed by a physician? _____ If yes, what? _____

For what? _____

_____6. Do you have any other medical or mental problem we should know about? _____ If yes, what? _____

**BOOKING SHEET
PAGE 5**

Inmate Name _____ Date _____

1. Check One:

This inmate was cooperative in responding to the above questions and allowing me to observe him.

This inmate refused or was unable to cooperate and refused to answer my questions concerning his medical history and/or potential for suicide. Reason for inability:

2. I certify that I have today observed inmate _____, asked him/her the questions listed on the Geneva County Jail's Booking Sheet, and accurately recorded my observations and his/her responses.

Signature of Booking Officer

Date: _____

Time: _____

GENEVA COUNTY JAIL

Page 6

I _____, HAVE BEEN ADVISED BY THE JAILER
OF THE FOLLOWING;

ALL PROPERTY BROUGHT ON TO THE JAIL PREMISES ARE SUBJECT TO
SEARCH BY AUTHORIZED PERSONNEL FOR WEAPONS AND CONTRABAND

ALL INCOMING AND OUTGOING MAIL MAY BE CENSORED EXCEPT FOR
CORRESPONDENCE WITH COURT OFFICIALS

INMATE SIGNATURE

DATE -----

JAILERS SIGNATURE

DATE -----

GENEVA COUNTY JAIL**BOOKING SHEET**

Date 5-17-98 Time 2025
 Name Kevin Hartman
 (LAST) (FIRST) (MIDDLE)
 Alias _____

Date of Arrest 5-17-98 Social Security No. _____
 Race W Sex M Age 26 Eyes Gr Hair Red
 Ht. 5'11" Wt. 175 DOB 1-31-72 Photo — F.P. —
 Address Rt 2 Box 214A Sanjour, AL (STREET) (APT.) (CITY) (STATE) (ZIP)

Telephone _____ I.D. No. _____
 NCIC Check _____
 Next of Kin _____ Relationship _____
 Address _____
 (STREET) (APT.) (CITY) (STATE) (ZIP)
 Charge DW/T (Refused) Bond _____ Charge _____ Bond _____
 Charge carry pistol Bond _____ Charge _____ Bond _____
 Charge no permit Bond _____ Charge _____ Bond _____

ARRESTING OFFICER CVH Sanjour
 (Please Print)

Signature _____
 AGENCY _____
 BOOKING OFFICER DRH
 (Please Print)

RELEASE INFORMATION

I have received all properties taken from me by the Geneva County Sheriff's Department.

X Kevin Hartman
 Signature of Person Released
 Date of Release 5-18-98 Time 620 PM Type of Release On Bail
On Bail
 Signature of Releasing Officer

Do not Release to contact
Sanjour P.D.

FD-342 (Rev. 5-9-7) Warrant for Arrest

UNITED STATES DISTRICT COURT

MIDDLE

District of

ALABAMA

UNITED STATES OF AMERICA

WARRANT FOR ARREST

V.

KEVIN N. HARTMAN

ROUTE 1 BOX 291
SAMSON, AL 36477

Case Number: 02-156-N

To: The United States Marshal
and any Authorized United States Officer

YOU ARE HEREBY COMMANDED to arrest

KEVIN N. HARTMAN

Name

and bring him or her forthwith to the nearest magistrate judge to answer a(n)

 Indictment Information Complaint Order of court Violation Probation Violation Petition

charging him or her (brief description of offense)

Possessing methamphetamine (1 Count)

in violation of 21 United States Code, Section(s) 844(a)

DEBRA P. HACKETT

Name of Issuing Officer

Debra P. Hackett
BY: _____
Signature of Issuing Officer DEPUTY CLERK

CLERK U.S. DISTRICT COURT

Title of Issuing Officer

August 20, 2002 at Montgomery, Alabama

Date and Location

COPY

Bail fixed at \$ to be set at initial SEARCHED INDEXED WARRANT ON FILE _____ Name of Judicial Officer

THIS COPY FOR INVESTIGATIVE

RETURN
PURPOSES ONLY

This warrant was received and executed with the arrest of the above-named defendant _____

DATE RECEIVED	NAME AND TITLE OF ARRESTING OFFICER	SIGNATURE OF ARRESTING OFFICER
DATE OF ARREST 9-15-02	Deputy Neal Bradley	Neal Bradley D.S.

ALABAMA UNIFORM ARREST REPORT

Fingerprinted	R84 Completed
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No

OFFICER'S WORK PRODUCT MAY NOT BE PUBLIC INFORMATION

IDENTIFICATION	1 ORI #	2 AGENCY NAME					3 CASE #	4 SFX																					
	5 LAST, FIRST, MIDDLE NAME <i>Hartman Kevin Neil</i>					6 ALIAS AKA <i>Indian Woman Chest Cobra Hand</i>																							
	7 SEX	8 RACE	9 HGT.	10 WGT.	11 EYE	12 HAIR	13 SKIN	14																					
	<input checked="" type="checkbox"/> M	<input type="checkbox"/> W	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4																					
	15 PLACE OF BIRTH (CITY, COUNTY, STATE) <i>Winchester</i>					16	17 DATE OF BIRTH <i>01/31/72</i>	18 AGE <i>30</i>																					
	20 SID #	21 FINGERPRINT CLASS KEY	MA	PRIMARY	SCDV	SUB-SECONDARY	FINAL	22 DL #																					
	24 FBI #	HENRY CLASS <i>[grid]</i>							23 ST																				
	26 <input checked="" type="checkbox"/> RESIDENT	27 HOME ADDRESS (STREET, CITY, STATE, ZIP) <i>River Rd Samson AL</i>					28 RESIDENCE PHONE ()	29 OCCUPATION (BE SPECIFIC) <i>unemployed</i>																					
	28 <input type="checkbox"/> NON-RESIDENT	31 BUSINESS ADDRESS (STREET, CITY, STATE, ZIP)					32 BUSINESS PHONE ()	33 LOCATION OF ARREST (STREET, CITY, STATE, ZIP) <i>River Rd Samson AL</i>	34 SECTOR #	35 ARRESTED FOR YOUR JURISDICTION? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IN STATE <input type="checkbox"/> OUT STATE AGENCY																			
	36 CONDITION OF ARRESTEE: <input type="checkbox"/> DRUNK <input checked="" type="checkbox"/> SOBER <input type="checkbox"/> DRINKING <input checked="" type="checkbox"/> DRUGS	37 RESIST ARREST? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	38 INJURIES? <input checked="" type="checkbox"/> NONE	39 ARMED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	40 DESCRIPTION OF WEAPON <input type="checkbox"/> HANDGUN <input type="checkbox"/> OTHER FIREARM <input type="checkbox"/> RIFLE <input type="checkbox"/> OTHER WEAPON <input type="checkbox"/> SHOTGUN																								
41 DATE OF ARREST <i>09/15/02</i>	42 TIME OF ARREST <i>0945</i>	43 DAY OF ARREST <i>M</i>	44 TYPE ARREST <input type="checkbox"/> ON VIEW <input type="checkbox"/> CALL <input type="checkbox"/> WARRANT	45 ARRESTED BEFORE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	46 UCR CODE <i>100</i>	47 UCR CODE <i>100</i>	48 CHARGE—1 <i>Possession Controlled Substance</i>	49 CHARGE—2 <i>FEL MISD</i>	50 STATE CODE/LOCAL ORDINANCE	51 WARRANT #	52 DATE ISSUED <i>M D Y</i>	53 STATE CODE/LOCAL ORDINANCE	54 WARRANT #	55 DATE ISSUED <i>M D Y</i>															
56 CHARGE—3 <input type="checkbox"/> FEL <input checked="" type="checkbox"/> MISD	57 UCR CODE <i>100</i>	58 CHARGE—4 <i>FEL MISD</i>	59 UCR CODE <i>100</i>	60 STATE CODE/LOCAL ORDINANCE	61 WARRANT #	62 DATE ISSUED <i>M D Y</i>	63 STATE CODE/LOCAL ORDINANCE	64 WARRANT #	65 DATE ISSUED <i>M D Y</i>																				
66 ARREST DISPOSITION <input type="checkbox"/> HELD <input checked="" type="checkbox"/> TOT—LE <input type="checkbox"/> BAIL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> RELEASED	67 IF OUT ON RELEASE WHAT TYPE?	68 ARRESTED WITH (1) ACCOMPLICE (FULL NAME)					69 ARRESTED WITH (2) ACCOMPLICE (FULL NAME)																						
70 VYR	71 YMA	72 VMO	73 VST	74 VCD TOP BOTTOM	75 TAG #	76 LIS	77 LIY																						
78 VIN	79 IMPOUNDED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					80 STORAGE LOCATION/IMPOUND #																							
81 OTHER EVIDENCE SEIZED/PROPERTY SEIZED										<input type="checkbox"/> CONTINUED IN NARRATIVE																			
82 JUVENILE DISPOSITION: <input type="checkbox"/> HANDLED AND RELEASED <input type="checkbox"/> REF. TO WELFARE AGENCY <input type="checkbox"/> REF. TO ADULT COURT <input checked="" type="checkbox"/> REF. TO JUVENILE COURT <input type="checkbox"/> REF. TO OTHER POLICE AGENCY										83 RELEASED TO																			
84 PARENT OR GUARDIAN (LAST, FIRST, MIDDLE NAME)					85 ADDRESS (STREET, CITY, STATE, ZIP)					86 PHONE ()																			
87 PARENTS EMPLOYER			88 OCCUPATION		89 ADDRESS (STREET, CITY, STATE, ZIP)					90 PHONE ()																			
91 DATE AND TIME OF RELEASE <i>M D Y : AM MIL</i>				92 RELEASING OFFICER NAME			93 AGENCY/DIVISION		94 ID #																				
95 RELEASED TO:				96 AGENCY/DIVISION			97 AGENCY ADDRESS																						
98 PERSONAL PROPERTY RELEASED TO ARRESTEE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PARTIAL				99 PROPERTY NOT RELEASED/HELD AT:			100 PROPERTY #																						
101 REMARKS (NOTE ANY INJURIES AT TIME OF RELEASE) <i>No injuries at time of arrest or release</i>																													
102 SIGNATURE OF RECEIVING OFFICER					103 SIGNATURE OF RELEASING OFFICER					LOCAL USE																			
104 CASE #					105 CASE #					106 CASE #					STATE USE														
107 SFX					108 SFX					109 SFX					110 ADDITIONAL CASES CLOSED NARRATIVE														
111 ARRESTING OFFICER (LAST, FIRST, M.) <i>Bradley Neal</i>					112 ID # <i>3403 Mack Ray</i>					113 ARRESTING OFFICER (LAST, FIRST, M.) <i>3403</i>					114 ID # <i>3403</i>					115 SUPERVISOR ID #					116 WATCH CMDR. ID #				

Subj placed in CT or	CJ or	Chases
OF NRI (reward)	+ Chasing	Pulse
w/o Reward		

5-18 98 Sub-T. Release per S7400- PD